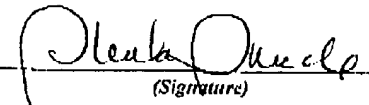


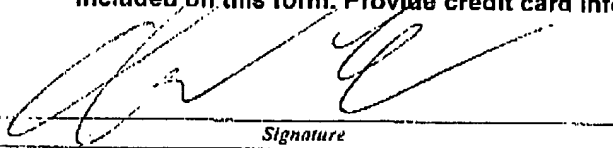
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 01093 (BLL-0271)	
Applicant(s): JOHN P. RUCKART			
Application No. 10/086,338	Filing Date March 1, 2002	Examiner Lisa Hashem	Group Art Unit 2614
Invention: TELEPHONE HOLD FEATURE			
<p>I hereby certify that this <u>Amend. Trans. Ltr. and Response to Office Action</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>April 2, 2007</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Sheila Smedick</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

APR 02 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 01093 (BLL-0271)	
Applicant(s): JOHN P. RUCKART					
Application No. 10/086,338	Filing Date March 1, 2002	Examiner Lisa Hashem	Customer No. 36192	Group Art Unit 2614	Confirmation No. 4121
Invention: TELEPHONE HOLD FEATURE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: April 2, 2007		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: JOHN P. RUCKART)	
)	
SERIAL NO.: 10/086,338)	ART UNIT:
)	2645
FILED: March 1, 2002)	
)	EXAMINER:
FOR: TELEPHONE HOLD FEATURE)	Lisa Hashem

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& Trademark Office via facsimile to facsimile
Number (571) 273-8300 on April 2, 2007

Sheila Smedick
name

signature date

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Applicant respectfully requests consideration of the following amendment and remarks contained herein in response to the Office Action mailed January 3, 2007. Applicant respectfully submits that the amendment and remarks contained herein place the instant application in condition for allowance.